

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5400

BIRTH NO. 124		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 2042		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>136 S. mine La Motte</u>				d. STREET ADDRESS (If rural, give location) <u>136 S. mine La Motte</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>David</u>		c. (Last) <u>Pinegar</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>17</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Aug. 28, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>5</u>		11. DAYS <u>19</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Sweeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Madison Co.</u>			
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Benjamin Pinegar</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Tripp</u>			
14. NAME OF HUSBAND OR WIFE <u>Julia Ellen Pinegar</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Lindell Pinegar - Fredericktown Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Chronic myocarditis</u> DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Chronic myocarditis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP <u>Fredericktown</u>		21d. COUNTY <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. STATE <u>Mo</u>	
22. I hereby certify that I attended the deceased from <u>2/9</u> , 19 <u>50</u> , to <u>2/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/16</u> , 19 <u>50</u> , and that death occurred at <u>6:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maurice Grooman M.D.</u>				23b. ADDRESS <u>Fredericktown Mo</u>			
23c. DATE SIGNED <u>2/17/50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>2-19-50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Fredericktown Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adamson</u>			
DATE REC'D BY LOCAL REG. <u>2-27-1950</u>				ADDRESS <u>Fredericktown Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-332

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed L. Tajan Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.